NON Profet.

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## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

Application or Docket Number

19/49/50

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
FC	PR	NUMBE	NUMBER FILED		NUMBER EXTRA			RATE	FEE	1	RATE	FEE	
ВА	SIC FEE							345.00	OR		690.00		
ТС	TAL CLAIMS	(C9 minus 20=		. 24		7	X\$ 9=	801	OR	X\$18=			
INC	EPENDENT CLAIMS	minus 3 =			* 5			X39=	195-	OR	X78=	· · · · · · · · · · · · · · · · · · ·	
MULTIPLE DEPENDENT CLAIM PRESENT						+	-130=	<u> </u>	OR	+260=			
* If the difference in column 1 is less than zero, enter "0" in column 2							Ī	OTAL	1341	OR	TOTAL		
CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)							s	MALL E	ENTITY	OR	OTHER SMALL E		
AMENDMENT A	REI A	LAIMS MAINING NFTER NDMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total + L	7	Minus	**	109	=	>	<b>(</b> \$ 9=		OR	X\$18=		
	Independent * FIRST PRESENTATI	ON OF MI	Minus	PENE	<u> </u>	=	)	<b>(</b> 39=		OR	X78=		
		Olt Ol Inc			DENT CENTRAL		+	130=		OR	+260=		
							ADI	TOTAL DIT. FEE	PD	OR ,	TOTAL ADDIT. FEE		
		lumn 1)			Column 2)	(Column 3)							
AMENDMENT B		LAIMS MAINING AFTER NDMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	30	Minus	**	109	=	×	(\$ 9=		OR	X\$18=		
AME	Independent + FIRST PRESENTATI	ON OF MI	Minus	***		=	$\rightarrow$	⟨39=		OR	X78=		
	TINOTT NESERVAL	ON OF INC	DETIFEE DEF	CINL	DENT CLAIM		+	130=		OR	+260=		
								TOTAL DIT. FEE	PD		TOTAL ADDIT. FEE		
		lumn 1)	,		Column 2)	(Column 3)					150111122		
AMENDMENT C	REM	LAIMS MAINING FTER NDMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total . C	<u>50</u>	Minus	**	109	=	X	\$ 9=		OR	X\$18=		
AME	Independent + FIRST PRESENTATI	ONDEMI	Minus	***		=	×	(39=		OR	X78=	- · · · · ·	
	TINGT PRESENTAL	ON OF MIC	THE DEF	CINL	- CLAIM			130=		OR	+260=		
• If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										TOTAL			
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ""If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													

FORM PTO-875 (Rev. 12/99) 49/4

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